Schools Effectiveness on Childhood Obesity

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Introduction/Statement of the Problem:

When a child is hungry, you feed them and often without thinking twice, your main goal at that point is to take away hunger from that child’s belly. Often we give children whatever is available, whatever is convenient, and something the child likes. What most people don’t do is think about the calorie content, or the saturated fat, or the nutritional value in that meal they just served that child. People eat what they want, when they want and how they want it. No wonder during the past three decades, the United States has witnessed a dramatic increase in the prevalence of obesity, which has now become a public health crisis (U.S. Department of Health and Human Services, 2001). Obesity is a growing problem across America that has no preference. It affects babies, adolescents, adults and the elderly. Serious action must be taken across America and it needs to start with our children. Schools across America can play a key role in helping to stop childhood obesity by focusing more on physical education and less on teaching to a test.

Review of Literature

*What is Obesity?*

Millions of people in the United States are considered obese. As waistlines continue to get bigger and bigger, people are asking the famous question: Who is the culprit? But before we ask that question we should be asking the more essential question of what is obesity? Obesity is defined as having an excessive amount of body fat. It is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems (Story, 2006).  People are considered obese when their body mass index (BMI) exceeds 30 kg. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2). A BMI greater than or equal to 25 is overweight and a BMI greater than or equal to 30 is obesity. Underweight children have a BMI below the 5th percentile, Normal weight children have a BMI at the 5th and less than the 85th percentile, Overweight children have a BMI at the 85th and below 95th percentiles, and obese children have a BMI at or above 95th percentile (Gavin, 2012).

America is one of the leading countries in childhood obesity. Childhood obesity has more than tripled in the past 30 years. The percentage of obese children in the United States is growing at an alarming rate. Statistics show that nearly one in three American children are either overweight or obese(Ogden, 2010). Childhood obesity is a major public health concern, and has more than doubled since the 1970s. More than 40 million children under the age of five were overweight in 2010 and death rate resulting from the effects obesity has surpassed deaths caused by cigarette smoking (Battista, 2010).

*Effects of Obesity*

So maybe you’re obese. Or maybe you think you know someone who is obese. Who cares right? Wrong! Obesity has so many negative effects on both children and adults. Obesity increases the risk for serious health conditions that were once considered solely adult diseases, like type two diabetes, high blood pressure, and high cholesterol which can lead to serious medical problems like heart disease, heart failure, and stroke as adults (Gavin, 2012). They may have abnormal blood lipid levels, insulin resistance, and bone and joint problems. Children with obesity experience shortness of breath that makes exercise, sports, or any physical activity more difficult and may aggravate the symptoms or increase the chances of developing asthma (Lobstein, 2004). They are often restless or have disordered sleep patterns, such as sleep apnea. Obese children mature earlier and may be taller and more sexually mature than their peers. Obese girls may have irregular menstrual cycles and fertility problems in adulthood along with liver and gall bladder disease (Hedley, 2002).

Not only does it affect kids physically but it affects them mentally and emotionally. Kids who are unhappy with their weight may be more likely than average-weight kids to develop unhealthy dieting habits and eating disorders, such as anorexia nervosa and bulimia. Obese children are more prone to depression and are at risk for substance abuse. Obese kids also may be prone to low self-esteem that stems from being teased, bullied, or rejected by peers (Riccairdelli, 2002).

In a recent study by Schwimmer, (2003), obese children rated their quality of life with scores as low as those of young cancer patients on chemotherapy. In the study, 106 children aged 5 to 18 filled out a questionnaire used by pediatricians to evaluate quality of life issues. Children were asked to rate things like their ability to walk more than one block, play sports, sleep well, get along with others and keep up in school. The results indicated that that teasing at school, difficulties playing sports, fatigue, sleep apnea and other obesity-linked problems severely affected obese children's well-being.

In a different study done in North Carolina it was found that there is a relation between obesity and academic outcome. It revealed that academic outcome is affected tremendously when a child has low self-esteem. The research finds that obesity is related to self-esteem and academic achievement and that if a child felt positive about their self-image they were more likely to academically achieve more than a child who thought negatively of ones body image. It even found that children who think they are overweight or have a negative view about their body image do in fact perform lower on test because of lack of self-esteem (Childhood Obesity and Academic Outcome, 2008).

In a similar study on the association between obesity and academic achievement in school aged children, the findings suggest that the reasons for children being absent may be the cause for the link between academic achievement and obesity. It also emphasized problems with obesity such as low self-esteem, depression, anxiety. These health problems were also suggested as causes of low academic achievement. It suggests that because children are obese they are more likely to be sick with asthma, diabetes, etc. causing them to miss more school (Taras, 2005).

*Causes of Obesity*

Because Obesity has become so prevalent in the past 3 decades doctors, parents, theorists etc. have been trying to figure out what is the cause of the major hike in obesity. Who should we blame? There are several factors contributing to obesity. We can blame “life” for obesity. Today's busy families have fewer free moments to prepare nutritious, home-cooked meals. From fast food to electronics, quick and easy is the reality for many people (U.S. Department of Health and Human Services). In order to get a quick meal fed to their children they in turn have become lazy and are more irresponsible with their food choices.

We can also blame fast food restaurants. They produce food that supply the high calorie, minimally nutritious, and highly processed foods and dominate our market. There was a study done which discovered that there are close distances between fast food restaurants and schools. This study stated that fast food restaurants are purposely locating themselves near schools to help increase business. Students are coming out of school hungry because they didn’t eat school lunch and are heading straight to get something to eat. Children are being exposed on a daily basis to hundreds of advertisements to and from school and on TV, many promoting specific foods that are supposed to be convenient and nutritious. Having these fast food restaurants near schools plus the advertisements aren’t making it hard for these adolescents to make the wrong choice about what to eat after school therefore contributing to obesity (Davis, 2009)

*What are schools doing?*

We can also blame schools for not doing enough to help prevent obesity. Schools are more concerned about more instructional time and are cutting out the important physical activities like gym and recess. Why else do children go to school but for those two reasons and now they are being deprived from activities that are helping them to be healthy.

In a study done in France researchers wanted to determine if recess increased the amount of daily physical activity in children. Students participated in two 15 minute recess periods or two twenty minute periods. The results show that the smallest increase in minutes spent during recess significantly increased the amount of physical activity. Kids who had the extra 5 minutes of recess were said to have had more energy. This article proves how important it is to allow children the privilege of recess (Guinhouva, 2005).

Another study looked at the causes of obesity in Latino and African American students and the effect it has on the academic success of students. It shows that not only is unhealthy eating affecting a child’s physical being but it is also affecting them negatively mentally. The study looked at things such as what kinds of foods the children had access to. The article argues that physical education is a critical part of the solution to closing the achievement gap and that many of these children aren’t getting enough physical activity in a day. They emphasize the fact that minorities who are more at risk for being overweight and are underperforming academically due to eating foods with lots of sugar and then eventually crashing from the sugar high (Burton, 2007).

In this study researchers argue that recess is an important part of school curriculum. It states that recess improves a child’s ability to focus and learn. Some schools would like to eliminate recess altogether and this article states that would harm the children more than helping them. It claims that the best way to improve cognitive performance and adjustment to school is to maintain recess because recess is unstructured and allows the child to do whatever they like and interests them the most. They find that students’ attention is better after recess which is why by eliminating recess it would harm the students more causing them to be irritated and agitated (Pellegrini, 1997).

Researchers in this study argue that U.S. schools offer many opportunities for developing obesity-prevention strategies by providing more nutritious food, offering greater opportunities for physical activity, and providing obesity-related health services. It also states that due to the budget, schools are forced to serve things that are cheap for the schools funds and popular within the student’s likings but not necessarily the healthiest option they can be serving. Public discomfort with the school food environment is growing. This article states that schools can provide more healthful food options without losing money. As states use standardized tests to hold schools and students academically accountable, physical education and recess have become a lower priority (Story, 2006).

New York City public schools have made strides for obesity but it’s just not enough. The Board of Education was providing healthier lunch options through the National Lunch Program but lacks funding and has a small budget which makes it difficult to provide the healthy foods (Li, 2010). It also mentions the extinction of vending machines with unhealthy snacks which in turn have made the schools lose money (Lorna, 2004). In a recent article by *The Wall Street Journal* it states that New York City public schools are faced with the decision whether breakfast should be served inside of every single classroom in every single public school. It would no longer give children the option to go get breakfast but it would kind of “force” or “offer” it to every child as long as they showed up to class. There are many different views and opinions coming from the NYC council which shows both sides of the argument. One side states “It's an injustice for our kids to go to school and sit throughout the school day hungry when they could be fed with federal dollars; we want to make sure that no child is hungry and every child has a healthy breakfast". The opposing side states "We have a problem in obesity in children, I am concerned that if we have breakfast in every classroom, that that could contribute to the problem and possibly make it worse" (Saul, 2012).

# Although schools throughout the United States have made small strides to help with obesity there is still a major deficit. Schools across America need an intervention plan with more recess and gym time, classes teaching nutrition and exercise programs. Research states that schools may be the best beginning solution to the big problem of childhood obesity. Australian researchers studied 55 interventions in school based programs and these programs were assisting in getting children at healthy weights. When developing these programs in schools they added lessons on healthy eating, and body image to the curriculum. They increased physical activity along with improving school lunches, making students more active during the day and supporting parents to make similar changes at home would improve children's health (Brownstein, 2011)

In another study researchers assessed the effectiveness of intervention plans that aimed to prevent obesity in childhood through diet, physical activity and/or lifestyle and social support. The objective was to summarize evidence on the value of interventions aimed at changing lifestyle behaviors (increased physical activity) to prevent obesity. Their finding was that pediatric obesity prevention programs caused small changes in target behaviors and no significant effect on BMI compared with control (Brown, Summerbell, 2005).

Because schools aren’t doing enough about obesity parents can start to do things at home with their children. Emphasize healthy eating, keep fatty and sugary snacks to a minimum and keep fruits, vegetables and low-fat snacks available. Increase physical activity, perhaps by taking a few brisk walks with your child each week. Let your child know he or she is loved and appreciated whatever his or her weight. Be a good role model for your child. If your child sees you enjoying healthy foods and physical activity, he or she is more likely to do the same now and rest of his or her life. Lastly remember obesity is preventable (Veugelers, 2005).

**Research Hypothesis**: Implementing a Healthy Nutritional Diet and an exercise plan 3x a week, for 30 min, for 1 month, before lunch, at an urban school in Brooklyn, will motivate 9 JHS level students to choose a healthier diet, with less fatty foods and exercise on a regular basis.

**Method:**

Participant(s):

9 Middle School morning intervention students

1 principal

1 teacher

Instrument(s):

Food/movement journals

Surveys

Observations

Healthy Foods

Exercise

Recess Time

Video workshops

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**Appendix A: Parent Consent Form**

Dear Parent/ Guardian,

I am currently a graduate student in the Childhood Education Masters program at Brooklyn College. I am currently in the process of working on an Action Research Project based on Obesity in Children and the effect schools have on it. I will be observing your child’s class as well as administering a survey based on their current diet. This survey will not affect your child’s grades in any way and will be anonymous in my study and data records. All findings and results will be reported and shared as a group, which means your child will be anonymous.

In order to successfully conduct my research, I am requesting your permission to use your student’s data for my research study. If you have any questions or concerns, please feel free to contact me via email at [mmorales@s4is.org](mailto:mmorales@s4is.org) or by cell phone at 646-821-0025.

Thank you in advance for your support!

Sincerely,

Michelle Morales

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name) permission to take part in the research study.

Parent/Guardian Signature: Date:

**Appendix B: Principal Consent Form**

Dear Principal,

I am currently a graduate student in the Childhood Education Masters program at Brooklyn College. I am currently in the process of working on an Action Research Project based on Obesity in Children and the effect schools have on it. Therefore, I am requesting your permission to observe 6 Early Intervention students in my classroom in your school. My research will involve me implementing a Healthy Nutritional Diet and an exercise plan 3x a week, for 30 min, for 1 month, before lunch, so that in turn it will motivate 6 JHS level students to choose a healthier diet, with less fatty foods and exercise on a regular basis.

In order to successfully conduct my research, I am requesting your permission to use my classroom in your school for data in my research study. If you have any questions or concerns, please feel free to contact me via email at [mmorales@s4is.org](mailto:mmorales@s4is.org) or by cell phone at 646-821-0025.

Thank you in advance for your support!

Sincerely,

Michelle Morales

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal’s name) give Michelle Morales permission to take use my school JHS X in the research study.

Principal’s Signature: Date:

**Appendix C: Questionnaire Before Intervention**

There is no right or wrong answers to the questionnaire; please put a capital ‘X’ in the space provided that applies to you. \*\*\*Only Ms. Morales will be reading this\*\*\*

1. How old are you? \_\_\_\_
2. What grade are you in? \_\_\_
3. Male\_\_ Female\_\_
4. What is your race/nationality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you consider yourself a healthy child? Yes\_\_\_ No\_\_\_
6. Do you consider yourself fat? Yes\_\_\_ No\_\_\_
7. Do you consider yourself skinny? Yes\_\_\_ No\_\_\_
8. Do you consider yourself average/normal weight? Yes\_\_\_ No\_\_\_
9. Do you wish you were skinnier? Yes\_\_\_ No\_\_\_ I don’t care\_\_\_
10. Do you wish you were heavier/weighed more? Yes\_\_\_ No\_\_\_ I don’t care\_\_\_
11. Have you ever been made fun of for being fat/skinny? Yes\_\_\_ No\_\_\_
12. Did it hurt your feelings? Yes\_\_\_ No\_\_\_
13. Do you care about your weight? Yes\_\_\_ No\_\_\_
14. Do you care about how you look/your appearance? Yes\_\_\_ No\_\_\_
15. Do your parents ever tell you that you’re too fat or too skinny? Yes\_\_\_ No\_\_\_
16. How often do you exercise? Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_
17. What do you do for exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. On average how many hours of TV do you watch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. On average how many hours are you sitting playing video games? \_\_\_\_\_\_\_\_\_
20. How often do you walk to school? Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_
21. How often do you have gym? Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_
22. What do you usually do/play during gym? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. How often do you have recess? Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_
24. What do you usually do/play during recess? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
25. Do you wish you had gym more often? Yes\_\_\_ No\_\_\_ I don’t care\_\_\_
26. Do you wish you had recess for a longer amount of time? Yes\_\_\_ No\_\_\_ I don’t care\_\_\_
27. Does our school help you learn about healthy eating and being physically fit?

Yes\_\_\_ No\_\_\_

1. Did your old school help you learn about healthy eating and being physically fit? Yes\_\_\_ No\_\_\_
2. How often do you eat breakfast? Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_
3. What do you eat for breakfast most days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you like school lunch? Yes\_\_\_ No\_\_\_ Sometimes\_\_\_
5. How often do you eat school lunch? Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_
6. How often do you bring your own lunch from home? Daily \_\_1-3 times a week\_\_ Once a month \_\_\_ Less than once a week \_\_Never­­­\_\_\_
7. What do you usually eat for lunch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. What are some of you favorite foods they serve at lunch time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. What do you usually eat for dinner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Who cooks at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Do you worry about what you eat? Yes\_\_\_ No\_\_\_ Sometimes\_\_\_
12. Do you eat whatever tastes good even if you know it’s not healthy? Yes\_\_\_ No\_\_\_ Sometimes\_\_\_
13. How often do you eat fried food?

Daily \_\_1-3 times a week\_\_ Less than once a week \_\_Never­­­\_\_\_

1. What type of milk do you use most often?

None\_\_ Skim\_\_ Whole\_\_ Soy\_\_ Chocolate\_\_ Other\_\_\_\_\_

1. How often do you add salt to food when eating?

Usually\_\_\_ Sometimes\_\_\_\_ Rarely\_\_\_ Never\_\_

1. How often do you eat fruit and vegetables?

Daily\_\_\_2/3 times a day\_\_\_5 times a day\_\_\_ Sometimes\_\_\_\_ Never\_\_

1. How often do you eat snacks between meals?

Never\_\_\_2/3 times a week\_\_\_Daily\_\_\_\_5/6 times a day\_\_\_

1. What kind of snacks do you eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many times a week do you eat fast food / Chinese food?

Never\_\_\_2/3 times a week\_\_\_5/6 times a week\_\_\_ daily\_\_\_

1. How often do you eat bread / cereals / potatoes?

Never\_\_\_1/2 times a day\_\_\_3/4 times a day\_\_\_5/6 times a day\_\_\_

1. How often do you consume dairy products (milk, yogurt, cheese)?

Never\_\_\_1/2 times a day\_\_\_3/4 times a day\_\_\_\_

1. How often do you drink water? Daily\_\_\_2/3 times a day\_\_\_5 times a day\_\_\_ Sometimes\_\_\_\_ Never\_\_
2. How often do you drink juice? Daily\_\_\_2/3 times a day\_\_\_5 times a day\_\_\_ Sometimes\_\_\_\_ Never\_\_
3. How often do you drink soda? Daily\_\_\_2/3 times a day\_\_\_5 times a day\_\_\_ Sometimes\_\_\_\_ Never\_\_
4. How well do you know the guidelines of Food Pyramid?

Very well \_\_\_Fairly well \_\_\_\_ Not well \_\_\_\_ Never heard of it\_\_\_

1. Are you interested in becoming a healthier eater? Yes\_\_\_ No\_\_\_
2. Isn’t Ms. Morales the best teacher ever? Yes\_\_\_ Yes\_\_\_ Yes\_\_\_ or Yes\_\_\_ ☺